

Instructions

- 1. Please type or print. A separate Transmittal Form must be completed for each permit application.
- 2. Your check should be made payable to the Commonwealth of Massachusetts. Please mail your check along with a copy of this form to: DEP, P.O. Box 4062. Boston, MA 02211.
- 3. Three (3) copies of this form will be needed.

Rec'd Date	_
Reviewer	

Hand-enter Your Transmittal Number

W 036368

Your unique Transmittal Number can be accessed through DEP's web site or by calling the DEP InfoLine as listed on the last page of this document

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

STATE OF THE PERSON OF THE PER				• •		Telephone Number (617) 626-1391 ext. nail address (optional) I.silva@state.ma.us Ing Approval P Facility Number (if Known) nail address: tional) Telephone Number (978) 462-4481 ext. Infrom Section B) Telephone Number (ext. In the section B ext. Telephone Number (ext. Telephone Number (ext. In the section B ext. Telephone Number (ext. Te								
Instructions	A. Applica							i diskar						
4 8	DEP Permit Code (BRPWM08A	the 7 or 8 chara	cter code fro	om first page o	of permit app	olication instructions):	 							
Please type or print. A separate	Name of Permit Ca Storm Water	tegory:		· · · · · · · · · · · · · · · · · · ·	·									
Transmittal Form must be completed for each	Type of Project or A	Activity:		······································	·									
permit application.	NPDES Phase II													
2. Your check should be made payable to the Commonwealth of	Name of Firm: Department of Env			(Firm or	Individ	duai)		<u>电微谱流程</u>						
Massachusetts. Please mail your		Or, i				arly an individual:								
check along with a copy of this form to:	Individual's Last Na	me: 		First	Name			MI						
DEP, P.O. Box 4062, Boston, MA 02211.	Street Address 251 Causeway St.,													
3. Three (3) copies of this form will be	City/Town Boston		State MA	Zip Code 02114			ext.	<u></u>						
needed. Copy 1 (the original)	Contact: Raul Silva					Telephone Number (617) 626-1391 ext. address (optional) va@state.ma.us GApproval acility Number (if Known) address: (al) Telephone Number (978) 462-4481 ext. om Section B) Telephone Number (1 ext. om Section B) Telephone Number (21E only) Telephone Number (1 ext. om Section B)								
must accompany your	C. Facility	, Site or	ndivid	lual Reg	uiring	Approval								
permit application. Copy 2 must accompany your fee	Name of Facility, Si Salisbury Beach St			<u> </u>										
payment. Copy 3 should be	Street Address Beach Road	ress:												
retained for your records	City/Town Salisbury		StateM A	Zip Code 01952			ext.							
4. Both fee-paying			ared b	y (if differ	rent from	Section B)								
and exempt applicants must mail a copy of this transmittal form to	Name of Individual or Firm:													
DEP, P.O. Box 4062, Boston, MA 02211	Address													
For DEP Use Only	City/Town	· <u> </u>	State	Zip Code			ext.							
Permit No Rec'd Date	Contact:		·		LSP Numb									
Reviewer		-		_ ·										
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Is this project subject to If yes, indicate the proje	ct's EOEA file num	☐ yes ☐ ber (assigned	when an E	nvironmenta	I Notification	on Form is submitted	to the MEPA	\ unit)						
EUEA#	is an Environm	ental Impact R	eport Reg	uired? ve:	slino			,						
List any other DEP permits	that apply to this pro	ject:			_	•	- -							
Permit Ca	itegory	Date of Subr	nission (ter	ntative or actua	al) Transm	nittal Number (if applica	ition already si	ubmitted)						
F. Amount Due	_													
Special Provisions:	☐ Fee Exempt*	(city, town or mu uest [payment ex	nicipal hous	sing authority)	(state agen	cy if fee is \$100 or less)	, T.	v - 15) (307 1						
	☐ Alternative Se	hedule Project (:	noording to	240 CMD 4 0	U CIVITY 4.U4	(3)(6)]								

*There are no fee exemptions for 21E, regardless of applicant status Check #: Dollar Amount: 0 Date: 3/7/03

Please make check payable to the Commonwealth of Massachusetts and mail check and one copy of this form to DEP, P.O. Box 4062, Boston, MA 02211



Transmittal Number

BRP WM 08A NPDES Stormwater General Permit Notice of Intent for Discharges from Small Municipal Separate

Facility ID (if known)

Storm Sewer Systems (MS4s)

A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.

B.	Applicant Information	
1.	Small MS4 Operator/Owner Information:	
	Department of Environmental Management	
	Name 251 Causeway Street, Suite 600	
	Mailing Address	
	Boston MA	
	City/Town State	
	617-626-1357	
	Telephone Number Email (if available)	
2.	Municipality Name	
	Salisbury Beach State Reservation, Salisbury, Concord, MA	
	City/Town	
3.	Legal Status:	
	☐ Federal ☐ City/Town ☐ State ☐ Tribal ☐ Private	:
	Other public entity: Specify Public Entity	
4.	Other regulated MS4(s) within municipal boundaries:	
5.	Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?	

B. Applicant Information (cont.)



Massachusetts Department of Environmental Protection Bureau of Resource Protection - Watershed Management

BRP WM 08A NPDES Stormwater General Permit Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

	6.	Based on the instructions pro eligibility criteria for protection	vided in Part I of th of historic propert	e NPDES Small MS4 ies been met?	General Permit, have the
			□ no		
Note: Section C may be duplicated to	C.	Names of (Presently	y Known) Re	ceiving Waters	· :
accommodate a larger list of receiving waters		Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
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		Name	Number	☐ Yes ⊠ No	Specify
		Name	Number	☐ Yes ☐ No	Specify
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D. Stormwater Management Program Summary

Number

Number

Number

Name

Name

Name



W03636 §
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

Public Education:		
1		
BMP ID #		
Expand existing educational	Office of Interpetive Services	Identify existing education
resources 2	Responsible Dept./Person Name	resources, develop program
BMP ID #		
Expand existing interpretive	Office of Interpretive Services	Expand programs and
programs	Responsible Dept./Person Name	implement over permit life
BMP ID#		,
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BMP ID #		
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Public Participation:		
Public Participation: 3 BMP ID #		
3	Div. of Forests & Parks Responsible Dept./Person Name	develop & implement cooperative monitoring at
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D. Stormwater Management Program Summary (Cont.)



BRP WM 08A NPDES Stormwater General Permit Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Transmittal Number

Facility ID (if known)

D. Stormwater Management Program Summary (Cont.)



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Transmittal Number

BRP WM 08A NPDES Stormwater General Permit Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

Facility ID (if known)

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D. Stormwater Management Program Summary (cont.)



BRP WM 08A NPDES Stormwater General Permit Notice of Intent for Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)

W034348

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Facility ID (if known)

7. BMPs for Meeting TMDL:		
25 BMP ID #		
Maintain policy on vehicle washing	Div. of Forests & Parks Responsible Dept./Person Name	Maintain practice of off site vehicle washing
26 BMP ID #		
Maintain floor drains Specify Best Management Practice	Div. of Forests & Parks Responsible Dept./Person Name	Maintain plan for floor drain use & servicing
27 BMP ID #		
Stencil catch basins	Div. of Forests & Parks	Stencil all catch basins
Specify Best Management Practice 28 BMP ID #	Responsible Dept./Person Name	Specify Measurable Goal
Incorporate BMPs into O&M Manual	Dir. of Forests & Parks Responsible Dept/Person Name	Revise O&M Manual for policy on storm water management
29 BMP ID #		
Expand EMS Team scope for storm water issues	Div. of Forests & Parks Responsible Dept./Person Name	Devel. proceedure & incorp. specific review tasks into EMS

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Raul F. Silva, DEM Chief Engineer	
Printed Name	March 7, 2002
Signature	March 7, 2003 Date

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